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THE  
ANNUAL REPORT  
OF THE  
MEDICAL OFFICER OF HEALTH

For the Year 1955

P. J. FOX, M.B., B.Ch., B.A.O., D.P.H.



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**RURAL DISTRICT OF LISKEARD**  
**THE ANNUAL REPORT**  
**of the MEDICAL OFFICER OF HEALTH**  
**for the Year 1955**

**To the Chairman and Members of the Rural District Council of Liskeard.**

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1955. From the figures available to me it appears that the health of the community in South East Cornwall was up to the average of the country as a whole during the year. The population as estimated in June 1955 was 51,620 for Health Area No. 7. This represents a decrease of 370 as compared with 1954. The bulk of this fall in population occurred in St. Germans Rural District where the decrease was 360. Minor reductions occurred in Liskeard Rural District, Saltash Borough, and Liskeard Borough, that of Torpoint was unchanged, and Looe Urban District showed a small gain of 40 inhabitants. Live births decreased by 65 with a corresponding fall in birth rate from 15.5 per 1,000 in 1954 to 14.1 per 1,000 in 1955. This is below the national figure of 15.0 per 1,000 for live births. There was a small decrease in the number of still births, and in the corresponding rate. The total number of deaths showed a small reduction of 17 over the 1954 figure, with a corresponding slight reduction in the death rate per 1,000 of population from 11.4 in 1954 to 11.2 per 1,000 in 1955. This latter rate is slightly below the rate of 11.7 per 1,000 for England and Wales. The most prevalent cause of death was again heart disease, with cancer occupying second place. Of specific types of cancer that affecting the stomach was most common, followed by cancer of the lung and the windpipe which showed a very small increase over the figures recorded in 1954. Whilst the incidence of cancer of the lung and windpipe was lighter in this Area than in England and Wales, that of other cancers was a little higher. It gives me great pleasure to report that for the second successive year no maternal deaths occurred. A small increase in the total number of deaths of infants under one year of age brought our rate per 1,000 live births slightly above that for the country as a whole. In effect for every 40 infants born alive during 1955, one died before reaching its first birthday, and of the 16 infants who died during the year no less than 14 failed to survive the first four hazardous weeks of life.

In recent years much attention has been focussed on the increasing toll of life taken by cancer affecting the lower respiratory tract, i.e., the windpipe and the lungs. Suspicion has fallen on many possible causes, of which tobacco and atmospheric pollution are most often written and spoken of. The case against both of these is far from being conclusively proved, but anyone who looks calmly and dispassionately at the relationship between this form of cancer and prolonged heavy consumption of tobacco in the form of cigarettes, must admit that this form of addiction to the drug nicotine, and other undesirable and toxic constituents of tobacco smoke, is at best gravely suspect. Against the condemnatory statistical evidence, may be set the difficulty or impossibility of reproducing under experimental conditions any cancers by the use of known constituents of tobacco smoke. It is of course likely that such carcinogenic agents have to operate over a prolonged period—several years perhaps—and short-term experiments such as are now being carried out could not be expected to yield conclusive results. Another puzzling feature of this disease is the very much higher incidence in males. Thus, in 1955 in England and Wales the death rate for males was just over six times that of females, although it is thought that women are not very far behind men in their consumption of cigarettes. It is also difficult to explain why cancer of the upper respiratory tract has not increased to the same extent since the tongue, tonsils and larynx of smokers are in contact with the allegedly



noxious substances in cigarette smoke. In the past year or two more attention has been given to the possible role of atmospheric pollution in the causation of these cancers. If one thinks of the ever increasing amount of exhaust fumes from petrol and diesel engines which foul the air in towns and cities, one cannot help but be suspicious that prolonged and continued exposure to such contaminants of the air we breathe may damage the human respiratory mechanism. Indeed, many observers believe that the cause lies not so much in one agent as in a combination of harmful agents derived from heavy consumption of tobacco in cigarettes, and the gross pollution of air by internal combustion engines, industrial processes and domestic chimneys. Finally, it is worth remembering that whereas we may not be able to deal easily or quickly with air pollution, the decision about heavy cigarette smoking is one which every individual can take for himself or herself, and adolescents and young adults should at least be warned and encouraged to take careful thought before they become addicted to this expensive and possible lethal habit.

It is pleasant to be able to report an improvement in the incidence of new tuberculosis cases during 1955. The total number of such new cases notified was 33 of which 28 were respiratory and 5 were non-respiratory infections. This is the lowest total of new notifications so far recorded, and is a reduction of 6 on the total for 1954. It is too early yet to form any reliable views on the reduction in the incidence of this disease which has occurred in the past two years in this Area. If we had undertaken some specific or spectacular counter-measures we might expect the good results already evident to continue, but I do not know of any such measures, and am therefore inclined to ascribe the good results achieved to factors and influences unknown to us and outside our control. For this reason it is possible that the improvement of the past two years may not be maintained. It is also likely that as the incidence of the disease is reduced the rate of reduction will slow down as the more resistant hard core of the problem is approached. It is of course possible and indeed probable, that some of the improvement is due to the pains taking and unremitting work of the Chest Physician, Dr. J. C. Mellor, and the Tuberculosis Health Visitor, Miss S. L. Luxton, who collaborate closely with the General Practitioners and the Health Area Office in the diagnosis and treatment of tuberculosis, and the examination and surveillance of close contacts. The fact that the admission of cases to Chest Hospitals can now be secured without delay must also help considerably in curtailing the spread of infection and hastening the patients eventual recovery. Some time prior to writing this the Medical Research Council published their conclusions on the efficacy of B.C.G. vaccination of adolescent children of school-leaving age. From this it appears that a substantial degree of protection against tuberculosis follows B.C.G. vaccination of those children who would otherwise have been at risk of contracting the disease. It is also well to recall that the protection given is intended to deal with reasonable risks only, and does not give unlimited licence to take stupid and unreasonable risks. The scheme for offering B.C.G. vaccination to children of school-leaving age in this Health Area commenced in 1954, and up to the present some 1,200 children have been protected in this way.

The incidence of general infectious disease was almost the same as in the previous year. Although the total number of cases notified fell very slightly from 706 in 1954 to 703 in 1955, the rate per 1,000 of population showed a very slight rise from 13.58 to 13.62 per 1,000. The most prevalent notifiable disease was measles of which there were 428 cases. Notifications of pneumonia showed a fairly sharp rise from 56 cases in 1954 to 97 cases in 1955. Of the more serious infectious diseases there were seven cases of paralytic poliomyelitis, the largest number since 1950 when 10 cases occurred. With one exception, all were mild attacks, and none had a fatal outcome. One case in an adult woman was of moderate severity, with paralysis of upper and lower limbs. The number of cases of food poisoning notified—8 in all—was small, but unfortunately one infection by the most common food poisoning

organism, in a woman of 72, proved fatal. All efforts to trace the precise source of this severe infection failed, although it was thought that rodents, which were reported to be prevalent, may have contaminated the food eaten by this one old person.

The rate of building of new houses by District Councils slackened considerably during the year. This was due mainly to some reduction in the demand, particularly in rural areas, and partly because of impending reduction or abolition of the subsidy on Council houses. This latter provision does not apply to houses built to replace those dealt with under slum clearance schemes. In an Area in which 60 per cent of the population live in rural districts no great concentration of slum dwellings exist, and in many instances, old, unfit houses can be most expeditiously dealt with as individual unfit dwellings under the provisions of the Housing Act, 1936. Nevertheless, in three Urban areas, those at Saltash, Torpoint and Liskeard, the procedure laid down by the Ministry of Housing and Local Government in December 1954, would be more appropriately used. A start on these lines has in fact been made in Saltash and Torpoint, and I hope that similar action will soon follow at Liskeard where a fair number of old sub-standard houses exist.

In the sphere of water supply it was encouraging to find a start being made on the intake works, and main of the Liskeard and District Water Board. When completed this will enable up to two million gallons of water to be extracted from the river Fowey at Trekieve Steps daily, when it will pass to the Board's treatment plant and storage reservoirs at St. Cleer. When this work is completed there will be an ample supply of pure, treated water available for distribution throughout the Liskeard Rural District to replace the present unsatisfactory and inadequate local supplies. I hope it will not be too long before we see the spread of distribution mains in this, the second largest Rural District in extent in Cornwall.

Most of the Health Area is very badly served in respect of arrangements for sewage disposal and I regret to say that during 1955, very little progress was made in this matter. The principal reason for this lack of progress is the reluctance of the Central Government to permit capital expenditure on work of this sort, and there appears to be little that can be done at present to modify or change this policy. When in the nineteenth century the first efforts to provide an effective means of sewage disposal were made, the necessity was based almost wholly on the need to prevent or reduce the appallingly high number of deaths, many of which were caused by primitive arrangements. Now it is less easy to invoke such reasons, since outbreaks of serious disease and fatalities are uncommonly associated with inadequate treatment and disposal of sewage. On the other hand the general sense of disgust and loss of amenity and decency which the indiscriminate disposal of human waste gives rise to is still with us, and indeed this aspect of the problem has been thrown into sharper relief, by the general increase in living standards and values, and by the inevitable contrasts which exist between districts in which proper arrangements have been made and those in which they are primitive, and unsatisfactory. In my view the necessity for proper means of sewage disposal should be assessed largely on the question of public decency and amenity, and less on its potential threat to health. Crude, untreated sewage polluting lands and watercourses may not always menace health, but it is always a disgusting unpleasant anachronism.

The welfare of old persons, and particularly of those living in rural areas caused a certain amount of concern during the year. Fortunately it was possible in all cases with one exception to make satisfactory arrangements for the old persons to be cared for. In one case, involving an old lady of eighty-seven years who was suffering from grave chronic disease, and was living alone, it was necessary to take emergency action under the National Assistance (Amendment) Act 1951. Some four weeks after her removal to hospital the old person died. Pressure on accommodation in hospitals for



chronic sick continues at a high level, and it is generally not at all easy to find a bed for old persons. In previous years I have observed on the reluctance of close relatives to assume any responsibility for the care of elderly people. Whilst much of this reluctant springs from a general loosening of family ties which accompanies modern civilisation, together with a lessening of responsibility which our Welfare State seems to engender, the older generation must accept some of the blame for the deplorable position in which they find themselves. For many of them old age unfortunately does not bring a serene and balanced attitude to life. They are unable or unwilling to adjust themselves to the changing circumstances, and pattern of life about them, and they continue to regard their grown-up sons and daughters as irresponsible children. Little wonder then that many otherwise decent, and responsible younger members of our society find it difficult or impossible to have old relatives living with them. Whilst I deplore the modern tendency to relegate ones old folk to the state-owned or aided home or institution, it is well to recognise that in some cases this is for all parties concerned the best and the happiest solution.

In concluding this general preface to my reports I should once again like to express to the Members and Officers of the six District Councils I serve, my sincere gratitude for the help and co-operation they have given me during the year.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

P. J. FOX,

Medical Officer of Health.

## LISKEARD RURAL DISTRICT

### Public Health Committee

Councillor The Rev. W. M. J. Laundry, *Chairman*.

Councillor L. O. Shovel, *Vice-Chairman*.

together with 28 other members of the Council.

This Committee meets once a month, and deals with the great majority of matters affecting Public Health.

### Housing Committee

Councillor F. W. Rundle, *Chairman*.

Councillor S. Ball, C.C., *Vice-Chairman*.

together with 26 other members of the Council.

This Committee meets once a month, and deals with those matters of Public Health which are directly related to Housing.

### Health Officers of the Authority

P. J. Fox, M.B., B.Ch., D.P.H., *Medical Officer of Health*.

G. Rogers, M.R.S.I., M.S.I.A., *Chief Sanitary Inspector and Surveyor*.

G. LAWRY, M.S.I.A., *Additional Sanitary Inspector*.

G. COWLING, *Assistant Surveyor*.

## LISKEARD RURAL DISTRICT

Area of Rural District	...	...	...	...	...	104,803 acres
Population (Registrar General's estimate)	...	...	...	...	...	14,030
Number of Inhabited Houses	...	...	...	...	...	5,301
Rateable Value	...	...	...	...	...	£69,823
Sum represented by Penny Rate	...	...	...	...	...	£280

### Vital Statistics for 1955

	Male	Female	Total	
Live Births	85	93	178	
	Liskeard R.D.	Health Area No. 7		England & Wales
Birth rate per 1,000 of population	14.5		14.1	15.0
	Male	Female	Total	
Still Births	1	3	4	
	Liskeard R.D.	Health Area No. 7		England & Wales
Still birth rate per 1,000 total births	22.0		21.5	23.1
	Male	Female	Total	
Deaths	77	79	156	
	Liskeard R.D.	Health Area No. 7		England & Wales
Death rate per 1,000 of population	8.8		11.2	11.7
Maternal Deaths	None registered.			
	Male	Female	Total	
Deaths of Infants under one year of age	5	2	7	
	Liskeard R.D.	Health Area No. 7		England & Wales
Infant mortality rate per 1,000 live births	39.3		25.2	24.9

### Principal Causes of Death at all Ages

Heart disease	...	...	...	...	...	61
Cancer (all sites)	...	...	...	...	...	30
Respiratory disease	...	...	...	...	...	14
Vascular lesions of the nervous system ("stroke")	...	...	...	...	...	12
Circulatory disease	...	...	...	...	...	7
Accidents	...	...	...	...	...	6

Genito-urinary disease	...	...	...	...	...	...	...	5
Digestive disease	...	...	...	...	...	...	...	2
Tuberculosis	...	...	...	...	...	...	...	2

#### Average Age at Death

Males	...	...	...	64
Females	...	...	...	72

The birth rate shows some reduction on last year's figure and is now slightly below the national rate. The death rate of 8.8 per 1,000 is the lowest recorded since 1951, and is appreciably below the rate for England and Wales. Too much significance should not be attached to this since many of the older residents of this and other districts in S.E. Cornwall are admitted to Lamellion Hospital in the Borough of Liskeard, and their deaths in this hospital are attributed to the Borough. The principal causes of death follow the customary pattern in which heart disease, and cancer were most prevalent, causing between them 58 per cent of all deaths. For the fifth successive year no maternal deaths occurred, but the good figures for infant morality recorded in 1954 were not maintained, the rate rising in 1955 to 39.3 per 1,000 live births. Of the seven infants who died, six did not survive the first four weeks of life, and five of these were premature births.

**Infectious Disease.** During 1955 a total of 112 cases of infectious disease occurred. This is an improvement on the previous year when 156 cases were notified. The most prevalent disease was measles of which there were 58 cases. Pneumonia with 24 cases was rather more prevalent than in 1954, and there were three deaths from his disease. One case only of food poisoning occurred, but unfortunately it was a virulent infection which caused the death of the 72-year-old woman who was the victim. Because of some small delay in recognising the true nature of the disease, it was not possible to carry out satisfactory investigations into the likely source of infection. A small joint of meat which was suspect was sampled and yielded growths of the organism which infected the patient—salmonella typhi-murium—but as this piece of meat had been discarded and put in the dustbin, it was felt that it might have acquired its contamination from the dirty interior of the dustbin. The family reported that rodents were numerous at the time, and it is possible that these vermin, which carry infection of this type, contaminated some article of food eaten by the patient. On the other hand the Rodent Officer could find little evidence of the rodent infestation complained of, although the presence of small numbers of these vermin could not be ruled out. An unusual feature of this case was the fact that no other person was in any way affected, and there were not even any unconnected cases of food poisoning in the Area at this time. This unfortunate fatality underlines a fact largely overlooked or disregarded—that food poisoning infection can occasionally be serious and even fatal in its outcome, especially where very young and old people are concerned. In a year when poliomyelitis was rather more prevalent than usual, the Rural District was happily free from this disease.

The following are details of numbers and case rates of notifiable disease occurring during 1955 :—

Disease	Cases	Rates per 1,000 of population	
		Liskeard R.D.	Health Area No. 7
Measles	58	4.13	8.29
Pneumonia	24	1.71	1.88
Whooping Cough	18	1.28	2.17
Scarlet Fever	5	0.36	0.45
Dysentery	4	0.29	0.12
Erysipelas	2	0.14	0.33
Food Poisoning	1	0.07	0.15

**Tuberculosis.** The incidence of this disease showed a very marked reduction on the 1954 total of 15 cases, as during 1955 only 4 cases of respiratory tuber-



culosis and 1 case of non-respiratory tuberculosis were notified. Of these 5 cases, 3 were in the middle age or older, i.e., 45–65-year age group. There were two deaths from respiratory tuberculosis, one in a female aged 25 years, and the other in a female aged 62 years.

The following are details of new cases, deaths, case rates, and mortality rates during 1955 :—

Age Group					New Cases		Deaths	
					M	F	M	F
0–1	...	...	...	...	—	—	—	—
1–5	...	...	...	...	—	—	—	—
5–15	...	...	...	...	—	—	—	—
15–45	...	...	...	...	1	1	—	1
45–65	...	...	...	...	1	2	—	1
65 and over	...	...	...	...	—	—	—	—
Totals	...	...	...	...	2	3	—	2

#### Rate per 1,000 of Population

					Liskeard R.D.	Health Area No. 7
New Cases	...	...	...	...	0.36	0.64
All known Cases	...	...	...	...	5.70	6.82
Deaths	...	...	...	...	0.14	0.08

At the end of 1955 there were 69 known respiratory cases and 11 known non-respiratory cases resident in the Liskeard Rural District.

**National Assistance Act, 1948.** Towards the end of the year my attention was called to the case of an old person living in a village not far from Liskeard. This old female, aged 87, was bedridden through grave chronic illness, and was being cared for by one of her daughters. This daughter was in danger of becoming ill through the strain of looking after her mother, and was at risk of losing her employment in London. In these circumstances she had to return to London, and as the old person refused to enter hospital where she could be cared for, and was in danger of being left alone and unattended to, I was compelled to recommend that urgent action under the National Assistance (Amendment) Act, 1951, be taken. This was done, and the old person was removed to hospital where some few weeks afterwards she died.

**Water Supply.** In the second half of 1955 a start was made on a most important part of the Liskeard and District Water Boards scheme to provide adequate supplies of pure piped water to the Rural District. I refer to work on the intake main from Trekeivesteps to St. Cleer and the construction of larger treatment and storage facilities at St. Cleer. When this work is finished it will make available a supply of filtered, treated water which should be fully adequate for the needs of the Rural District and will enable numbers of inadequate and unsatisfactory local sources and supplies to be dispensed with in due course.

**Sewerage and Sewage Disposal.** Although four or five schemes for some of the larger villages in the District have been approved in principle, the Government will not permit work on these schemes to commence. This is part of a general economic policy which aims to restrict capital expenditure, and there seems to be little that can be done locally to alter the decisions stemming from this policy.

**Food.** In general the arrangements for supervision and inspection of food handling staff and premises in which food is handled have operated satisfactorily during the year. I have already referred to a fatal case of food poisoning which occurred at Polperro in the early part of the year. In this case the suspected food was cooked, and eaten at home, and may have been infected after it was purchased since no other cases amongst customers dealing at the shop in which the suspected joint of meat was obtained were reported. Indeed, although laboratory investigations threw suspicion on this joint of

meat, there were several other features which led me to believe that some other unknown cause was a more likely source of the infection in this most unusual case. This case occurred before the commencement of the holiday season, whereas during that season with the great amount of associated catering no cases of food poisoning occurred—a fact which suggests that all concerned in this important summer trade observed reasonable standards in dealing with food.

**Factories Acts 1937 and 1948.** No difficulties in the administration of these Acts was experienced during 1955.

**Report of the Chief Sanitary Inspector.** This report by Mr. G. Rogers, Chief Sanitary Inspector follows. I should like to express to Mr. Rogers and his assistants, Mr. G. Lawry and Mr. G. Cowling, my sincere thanks for the co-operation shown and assistance given to me during 1955.

### REPORT OF THE CHIEF SANITARY INSPECTOR

**Water Supply.** During 1955 the contract with Messrs. Rowse and Sleep, of Gunnislake, in the sum of £12,851 11s. 6d. to provide mains and reservoirs to serve the villages of Rilla Mill, Maders, Hessenford, Widegates, Widlake, No Man's Land and Great Tree, was carried out. A good supply of water was made available from small service reservoirs, holding two days' supply; the reservoirs being served from mains of the South East Cornwall Water Board. The majority of householders took a supply from the new mains immediately, and a number of farm premises were also served.

The village of Ley, in the parish of St. Neot, was provided with a mains water supply by the end of July and every householder in the village immediately took a supply. The source was from a borehole on the Beaverbrook Estate and the supply provided by short service mains.

The summer of 1955 being one of the driest on record, some concern was felt, regarding the various village supplies.

**Trunk Main serving Polruan, Lanreath and Dobwalls.** An adequate supply was maintained throughout the year. Level of water in the Polruan reservoir dropped to less than two feet, but there was no shortage of supply to consumers. The maximum supply at the old intake was being taken and this was just sufficient to maintain an adequate supply. Warning notices were displayed in the various villages calling for strict economy in the use of water.

**St. Neot.** The level of water in the Trevenna reservoir dropped to fifteen inches during part of the month of August. Mains, branches and services were tested, and leaks which caused the loss were discovered. These were repaired and the reservoir was overflowing within a week.

**St. Cleer.** No actual shortage, but there was not a drop to spare.

**Tremar Coombe.** Good supply maintained throughout the year. Temporary loss of pressure, due to grit lodging against valves. Remedied without delay.

**Menheniot.** Good supply at all times. The electric booster pump was a most valuable asset.

**Polperro.** Conditions became serious in early August and despite every effort to take in all available water at Trenderway, the level continued to drop until only a few inches remained in the reservoir. The springs were yielding very well indeed, but the influx of some thousands of visitors every day, caused a heavy draw-off. Notices were displayed in all parts of Polperro, explaining the situation and calling for every possible economy and the co-operation was so good that within two days of the warning the level in the reservoir rose four feet.

**Merrymeet.** Public well failed in September and water was delivered by lorry.



**Pengover.** No shortage. New pump saved long treks to well.

**Seaton.** Main supply satisfactory throughout the year.

**Common Moor.** Springs became very low in August and September and, as a safeguard, notices were displayed advising the householders to boil the water before using it for drinking.

**Warleggan.** The preparation of a water scheme for this Parish was completed during the year and agreements reached with landowners concerned. A visit was made to the village by a Ministry of Health inspector, who held an informal enquiry, but although later, approval was given to the Scheme, a date for commencement was not forthcoming and so, further progress was not possible.

At the October meeting of the Council, a tender of £134,515 0s. 0d. from Messrs. Rowse & Sleep, of Gunnislake, was provisionally accepted for the laying of branch mains and the construction of balancing reservoirs to serve most villages in the Southern section of the District, including East Taphouse, Lerryn, Bodinnick, Pelynt, Duloe, Tredinnick, Morval, St. Keyne and Trewidland. Provision is also made to supply the Polperro reservoir at Trenderway. The contract would be of eighteen months' duration, and if the Ministry's sanction is received, the actual work is expected to commence during the early part of 1956.

Concurrently with this effort, is expected to run a Scheme by the Liskeard and District Water Board, to provide extensive treatment works on St. Cleer Downs. New intake works were nearing completion by the end of 1955 and it hoped that by the time the new distribution mains are laid, there will be an adequate supply of treated water available to fill them.

**Other Villages with Public Wells.** Reduced supplies, but no serious shortages.

**Upton Cross.** Private piped supply, owned by Duchy of Cornwall. Supply became very short and alternative source had to be made available for villagers. Advised to boil water before using it for drinking.

**Darite and Railway Terrace.** Private piped supply owned by Lanhydrock Estate. Flow of water to reservoir was considerably reduced and the supply to houses on the high levels almost ceased. A survey was made with the Estate Agent and the shortage was found to be due, not to lack of water, but to obstruction in pipes between reservoir and source caused by tree roots. These were removed and the supply was soon back to normal. Pressure is not good at any time at the higher houses, due to pipe encrustation, but it is hoped that the system will continue to function until a public scheme can take its place.

(a) **Quality.**

- |                         |   |
|-------------------------|---|
| 1. Merrymeet            | Public well. Bacteriological examination—satisfactory. 18.1.55.     |
| 2. Penwith, St. Martin  | Private source. Examination for copper content—satisfactory. 3.2.55 |
| 3. Penwith, St. Martin  | Private source. Bacteriological examination—satisfactory. 3.2.55.   |
| 4. Pelynt               | Public shute. Bacteriological examination—satisfactory. 4.4.55.     |
| 5. Pelynt               | Tap at school. Bacteriological examination—satisfactory. 4.4.55.    |
| 6. Morval               | Tap at school. Bacteriological examination—satisfactory. 4.4.55.    |
| 7. St. Martin's         | Tap at school. Bacteriological examination—satisfactory. 4.4.55.    |
| 8. Pensilva             | Moorland stream. Bacteriological examination—satisfactory. 29.4.55. |
| 9. Grey Mare, St Winnow | Private well. Bacteriological examination—satisfactory. 29.4.55.    |



10.	Polperro	Main supply. Private tap. Bacteriological examination. 11.5.55. Moderate degree of contamination.
11.	Polperro	Reservoir overflow. Bacteriological examination. 17.5.55. Gross contamination.
12.	Polperro	Sample from reservoir. Bacteriological examination. 17.5.55. Gross contamination.
13.	St. James's Park, St. Cleer	Private land spring. Bacteriological examination. 4.6.55. Moderate degree of contamination.
14.	St. James's Park, St. Cleer	Private shute. Bacteriological examination. 16.6.55. Gross contamination.
15.	St. James's Park, St. Cleer	Private spring-piped. Bacteriological examination. 20.6.55. Slight contamination.
16.	Redgate	Public main supply. Bacteriological examination. 1.7.55. Highly satisfactory.
17.	Redgate	Public main supply. Tap. Bacteriological examination. 1.7.55. Highly satisfactory.
18.	St. Cleer Village	Main piped supply. Collection chamber. Bacteriological examination. 15.7.55. Satisfactory.
19.	St. Cleer Village	Main piped supply. Reservoir inlet. Bacteriological examination. 15.7.55. Satisfactory.
20.	St. Cleer Village	Tap in school canteen. Bacteriological examination. 15.7.55. Satisfactory.
21.	St. Cleer village	Main piped supply. Reservoir. Bacteriological examination—15.7.55. Satisfactory.
22.	Cartuther, Liskeard	Private deep well. Bacteriological examination—20.8.55. Satisfactory.
23.	Baker's Hill, St. Cleer	Private well. Bacteriological examination—26.8.55. Slight contamination.
24.	Fairy Cross, St. Winnow	Council housing site. Chemical examination—26.8.55. No contamination.
25.	Fairy Cross, St. Winnow	Council housing site. Bacteriological examination—26.8.55. Satisfactory.
26.	Holy Well, Lower Thorne, Warleggan	Chemical examination—satisfactory—14.9.55.
27.	Holy Well, Lower Thorne, Warleggan	Bacteriological examination—satisfactory—14.9.55.
28.	Holy Well, Lower Thorne, Warleggan	Bacteriological examination—fairly satisfactory—2.11.55.
29.	School Tap, St. Cleer	Bacteriological examination—unsatisfactory—7.7.55.
30.	School Tap, Menheniot	Bacteriological examination—satisfactory—7.7.55.
31.	Pump, Merrymeet	Bacteriological examination—satisfactory—7.7.55.
32.	Pump, Trenewan	Bacteriological examination—satisfactory—26.6.55.
33.	Menadue Tower, Polperro	Main supply. Bacteriological examination—satisfactory—26.6.55.
34.	Trenderway Reservoir	Bacteriological examination—moderate contamination—1.6.55.
35.	Menadue	Main supply. Tap. Bacteriological examination—moderate contamination—1.6.55.
36.	Lansugle, Golberdon	Spring. Bacteriological examination—4.9.55—satisfactory.
37.	Plasmill, Rilla Mill	Land Spring. Bacteriological examination—21.9.55—gross contamination.

During the month of May, as will be seen from the results, the supply of water from the source at Trenderway to Polperro was found to be unfit for human consumption. The water is neither filtered nor chlorinated and it was

necessary to take immediate action. No obvious source of contamination could be found, although at some time previously a number of sheep broke into the gathering ground and might possibly have been responsible. The reservoir was drained, very thoroughly cleansed, and finally, washed out with water from the mains. A sample taken in early June showed a slight degree of contamination which was not serious. At the end of the month, another sample indicated the water to be Class I.

(b) **Quantity.** The summer of 1955 was so devoid of rainfall that the sources of supplies were strained to their limits. Water was hauled to Warleggan and to Merrymeet, but these are very small hamlets and it was not difficult to maintain a reasonable supply. As can be seen from preceding notes, by far the most serious situation was at and around Polperro. There, due to the requirements of some thousands of visitors every day, together with the added demands of hundreds of campers, the draw-off equalled (and at times, *exceeded*) the intake. Only by the fullest co-operation of the public was it possible to keep a reasonable service maintained.

(c) **Bacteriological Examinations.** Thirty-four samples of water for bacteriological examination were taken during the year, the results of which are given in Section (a) of this report.

(d) **Plumbo-solvency.** No case of lead poisoning was reported during the year. This was not due to the fact that the waters in many areas are not plumbo-solvent, but because lead tubing is not in general use.

(e) **Contamination of Supplies.** A great number of small village supplies are liable to contamination from time to time, and it has been found practically impossible to prevent it. Where examination shows evidence of pollution, efforts are made to prevent or minimise it, with varying degrees of success.

(f) **Parishes with one or more villages having piped water supply:**

Parish	Population of Parish	Population supplied to houses	Population supplied by standpipes
Boconnoc ... ..	189	50	Nil
Broad oak ... ..	233	40	Nil
St. Cleer ... ..	1,616	825	37
Duloe ... ..	572	225	Nil
St. Ive ... ..	1,158	190	Nil
Lanreath ... ..	390	150	Nil
Lansallos ... ..	1,504	1,240	Nil
Lanteglos ... ..	1,234	1,184	50
Linkinhorne ... ..	1,228	270	120
Liskeard ... ..	978	500	Nil
St. Martin ... ..	427	222	Nil
Menheniot ... ..	1,073	304	20
Morval ... ..	539	70	Nil
St Neot ... ..	932	176	100
Pelynt ... ..	486	50	Nil
St. Veep ... ..	334	50	30
St. Pinnock ... ..	339	35	30
South Hill ... ..	404	40	Nil
St. Winnow ... ..	365	30	Nil
St. Keyne ... ..	132	40	Nil

### Sewerage

**Seaton—Sea Outfall.** A further number of premises were connected to the sewers at Seaton and the works functioned satisfactorily throughout the year.

**St. Cleer—Treatment Works.** More and more premises were drained to this system during 1955, and, in most cases, it involved the substitution of water closets for pails and privies. At the sewage treatment works, some damage was done to the glass roof over the sludge drying lagoons during a gale and repairs were carried out without delay.



Regular attention was given to all the essential operations and no difficulties were experienced. Sludge was dried rapidly and disposed of as fertilizer.

**Polruan—Sea Outfall.** This system functioned reasonably well throughout the year and only a few minor repairs were necessary.

**Polperro—Sea Outfall.** The sewers were properly maintained throughout the year and the outfall tunnel was cleansed at regular intervals.

**Pelynt—Treatment Works.** Maintenance work carried out during 1955. Proposed to construct a drying bed adjoining the filter, to enable sludge to be handled more easily.

**Other systems,** with their inherent faults have been maintained reasonably well. As indicated in the annual report for 1954, sewage schemes for the Villages of Dobwalls, Duloe, Tredinnick, Lanreath and Menheniot have been prepared and approved by the Ministry, but authority to advertise for tenders has not been given.

**Public Conveniences.** Public conveniences erected at Seaton. Completed and put into use by Easter 1955. Drains were connected to the main sewer and water supply obtained from public mains. It proved to be of inestimable value throughout the summer.

**Refuse Collection.** The system of refuse collection and disposal throughout the area was continued during 1955, giving a weekly service in all villages, and in small hamlets, one every two weeks. At Polperro and Polruan, at least two collections a week were maintained.

The old quarry, at Butterfly Lane, St. Cleer, was filled by the end of the year and covered with soil and builders' rubble. Another quarry on the same downs, but nearer the highway was acquired and has already been put to use. Covering of soil is made from time to time, as material becomes available.

A special problem arose in the Polperro area due to the number of visitors to the village during the summer. Extra collections were made from cafes after the normal day's work had been completed, but in spite of this, a number of difficulties were experienced. The van is necessarily small to enable it to traverse the narrow streets and the haulage is long and this cuts down the efficiency of the service. However, arrangements have been made to attempt to acquire a site just outside the village. At the same time, a specification has been prepared for two new vehicles, each of some three to three and a half cubic yards capacity, having special bodies which could be manoeuvred through the extremely narrow streets.

One vehicle would be stationed at Polperro and the other at Polruan, so that with increased carrying capacity, shorter haulage and the extra van, it will be possible to give an even more frequent service.

**Storage of Petroleum Spirit.** Inspections of every petrol storage station in the District were made during the year and, in general, they were found to comply with the regulations governing the storage of petroleum spirit. Every new installation is carefully examined and the storage tanks tested to not less than ten pounds per square inch.

**Moveable Dwellings.** The demand by visitors for accommodation for camping in the District appears to be increasing each season. The Rural District, containing approximately 12 miles of coastline, as well as administering the area around the holiday resort of Looe presents a considerable amount of work for the Public Health Officers in order to control indiscriminate camping. There are nineteen licensed camping sites in the District, which are capable of providing accommodation for 670 moveable dwellings. In addition, there are numerous individual caravans licensed in various parts of the area. I am able to report that visits were made to all the licensed sites during the year. Two additional closets were provided in one site and four chemical closets converted to W.C.s, in another following Informal Action. It is the increasing practice of site proprietors to let out caravans and chalets provided on the site and this necessitates that an inspection be made of these individual dwellings to ensure that they are well maintained.



It is gratifying to be able to report that most owners and managers of the sites appreciate their responsibilities and are ready to co-operate with my department.

**Rodent Control.** The work of rodent control continued throughout the year as part of the Council's Public Health services. It is gratifying to be able to compare the degree of rodent infestation in the District when the Council commenced this service in 1944 with that of 1955. In 1944, there were reservoir infestations in sewers and refuse dumps and major infestations in farms and business premises. Through our concentrated efforts over the years I am pleased to say that we have reduced the infestations to such an extent that they can be kept under complete control by our routine service, throughout the District.

A considerable amount of time has been spent on inspections and survey and it is only by so doing that infestations can be found and dealt with before they become a major problem. In a Rural area, the Council's duty in the inspection of farms is, in itself, a considerable task.

The Rodent operator carries out routine treatments to all the refuse dumps, sewage disposal works, sewers, schools and canteens and business premises. Most of the farms in the area are under contract by the County Agricultural Committee and each case of new infestation found on farms is notified to them. The various villages and hamlets are visited in turn and action taken immediately where rodents are located. It would be of assistance if more people reported the presence of rats on their premises, particularly householders, for whom the Council administers a free service. Business premises are treated by the Council, but a charge is made, based on the cost of the work.

**Factories Acts, 1937 and 1948.** The area is not industrial, and consequently, the factories on the Register are generally in the nature of tradesmen's workshops. During 1955, however, work was commenced on a factory at Dobwalls, where the proprietor is to undertake the construction of lorry and bus bodies. The plans were approved by the Council and a copy was sent to H.M. Inspector of Factories for his observations.

There are 118 factories in the Register, of which 37 were power operated, 53 non-power and 28 others. Routine inspections of these premises were made and all defects noted were remedied by informal action. Building sites were visited from time to time and the provision of adequate sanitary accommodation enforced.

**Milk and Dairies.** The seven registered dairies in the District were visited from time to time and conditions were found to be satisfactory.

Two of the premises concerned were Registered in 1955 and work was carried out to make them wholly comply with the Milk and Dairies Regulations, 1949, before the Registration was granted.

At the end of the year, 16 Distributors were registered in the District.

The Milk (Special Designations) (Specified Areas) Order 1955, which came into operation on the 6th December, this year, provided for the sale of Designated Milks only in the Rural District. The number of licences granted by the Council are as follows :—

**Tuberculin Tested**

Dealers	...	...	...	...	...	...	...	...	...	14
Dealers Supplementary				...	...	...	...	...	...	6

**Pasteurised**

Dealers	...	...	...	...	...	...	...	...	...	22
Dealers Supplementary				...	...	...	...	...	...	8

**Sterilised**

Dealers	...	...	...	...	...	...	...	...	...	1
Dealers Supplementary				...	...	...	...	...	...	Nil

During the year one sample of T.T. Milk was taken for examination under the Methylene Blue Test and one sample of Pasteurised Milk was taken for examination under the Methylene Blue and Phosphatase Test. Both results were satisfactory.

**Food Hygiene.** I have had visits made to all the cafes and restaurants in the District at the commencement of the Summer season and during the course of the season. Polperro, where the majority of these premises are situated, caters for some 2,000 visitors daily and it is the responsibility of the Council to ensure that the food supplied to them is safe and produced under hygienic conditions. The standard of hygiene in these premises on the whole is good and the co-operation which has been maintained between the proprietors and my department is most encouraging.

The publication of the Food Hygiene Regulations 1955, in December of the year of this report, gives considerably more power and responsibility to the Council in its duties under this heading.

(i) **Food Trades**

## Meat and Other Food Inspections

There were no further applications received during 1955 for Slaughterhouse Licences. Slaughtering was carried out at the two licenced slaughterhouses at Lerryn and continued regularly on Mondays and Wednesdays for the first half of the year. During the second half of the year, however, it only took place intermittently. A total of fifty-five visits were made to the two slaughterhouses and every animal was inspected. The following table gives the information on this work :—

		Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known) ...	...	19	2	Nil	7	39	Nil
Number inspected ...	...	19	2	Nil	7	39	Nil
All diseases except Tuberculosis and							



## Cysticerci :

Whole Carcasses condemned ... ..	Nil	Nil	Nil	Nil	Nil	Nil
Carcasses of which some part or organ was condemned ... ..	17	2	Nil	Nil	1	Nil
Percentage of the number inspected affected with diseases other than tuberculosis and cysticerci ...	89.47	100	Nil	Nil	2.56	Nil
Tuberculosis only :—						
Whole Carcasses condemned ... ..	Nil	Nil	Nil	Nil	Nil	Nil
Carcasses of which some part or organ was condemned ...	1	Nil	Nil	Nil	2	Nil
Percentage of the number inspected affected with tuberculosis ... ..	5.26	Nil	Nil	Nil	5.12	Nil

## Cysticercosis :—

Carcasses of which some part or organ was condemned ... ..	Nil	Nil	Nil	Nil	Nil	Nil
Carcasses submitted to treatment by refrigeration ... ..	Nil	Nil	Nil	Nil	Nil	Nil
Generalised and totally condemned ... ..	Nil	Nil	Nil	Nil	Nil	Nil

Routine visits were made to the 14 butchers' shops in the District, seven of which are registered for the manufacture of sausages, etc.

**Other Food Inspection.** Most of the provision shops and cafes were visited during the year for the examination of foodstuffs. Two tins of meat, two tins of vegetables and one tin of fruit were condemned as unfit for human consumption.

**Ice Cream.** There are no premises registered for the manufacture of ice-cream in the District. By the end of 1955, however, there were 63 premises registered for the sale of ice-cream. Sixty-eight samples were taken for examination by the Methylene Blue Test. The results were as follows :—

Grade (i) ... ..	51
Grade (ii) ... ..	11
Grade (iii) ... ..	4
Grade (iv) ... ..	2

The samples placed in Grades III & IV were pre-packed and were manufactured outside this District. A report was immediately made to the Sanitary Inspector in whose area the product had been manufactured, so that he could locate the cause at the production plant.

It is by carrying out this routine sampling that we are able to ensure that the public are provided with an ice-cream of a high standard.

**Housing**

**1. Reconditioning and Modernisation of Existing Houses.** The Council has continued to encourage the reconditioning and modernisation of structurally sound houses in the District by the implementation of the Improvement Grant Scheme, during 1955. Forty-three applications for Improvement Grants were approved during the year. The Council has insisted on the highest standard for these Schemes and have made sure that all inherent



structural defects have been remedied, as well as the installation of the various amenities. In order to encourage the owners to improve tenanted houses, the Council has adopted a policy whereby the maximum Grant is given in these cases. It is gratifying, therefore, to note that of the forty-three Schemes submitted, eighteen were in respect of houses let to tenants.

**2. Housing Management.** By the end of 1955, the Council had 496 houses under its control. Regular visits were made by my Department, to all the Estates, and numerous individual houses were visited. An inspection is made of all houses on exchange of tenancies. The amount of work involved under this heading increases yearly. The work of painting and repairs is carried out by contractors and the problem is to induce them to carry out the work within a reasonable period. It is a fact that minor repairs become major ones through delay in their execution. In my last report, I referred to the only solution—that of employing a general handyman.

## APPENDIX I

## Principal Causes of Death—All Ages—1955

Disease	St.						Health
	Germans R.D.	Liskeard R.D.	Saltash M.B.	Torpoint U.D.	Liskeard M.B.	Looe U.D.	Area No. 7
Heart Disease	72	61	32	16	63	32	276
Cancer (all sites)	28	30	20	13	18	4	113
Vascular lesions of the nervous system ("stroke")	32	12	15	5	17	5	86
Respiratory Disease	23	14	8	2	2	4	53
Circulatory Disease	11	7	4	4	2	3	31
Accidents	5	6	3	1	3	1	19
Genito-urinary Disease	4	5	4	1	2	1	17
Digestive Disease	2	3	2	2	1	1	11

## APPENDIX II

## Types of Heart Disease and Cancer Causing Death—1955

Type of Disease	St.						Health
	Germans R.D.	Liskeard R.D.	Saltash M.B.	Torpoint U.D.	Liskeard M.B.	Looe U.D.	Area No. 7
Coronary Disease, Angina	25	17	10	3	4	10	69
Hypertension with Heart Disease	8	6	3	2	1	2	22
Other Heart Disease	39	38	19	11	58	20	185
Cancer of Stomach	8	6	4	4	2	—	24
Cancer of Lung and Bronchus	3	3	4	1	2	1	14
Cancer of Breast	3	5	—	2	2	—	12
Cancer of Uterus	1	2	—	1	2	—	6
Other Cancers	13	14	12	5	10	3	57

## APPENDIX III

## Deaths by Age Groups—1955

District	0-5 years	5-15 years	15-45 years	45-65 years	65-75 years	75 years & over	All Ages
St. Germans R.D.	5	1	7	35	57	108	213
Liskeard R.D.	8	1	5	28	39	75	156
Saltash M.B.	2	—	6	16	23	50	97
Torpoint U.D.	2	—	3	10	11	22	48
Liskeard M.B.	1	—	2	12	29	68	112
Looe U.D.	—	—	—	11	9	34	54
Health Area No. 7	18	2	23	112	168	357	680

**APPENDIX IV**  
**Average Age at Death 1955**

District	Males	Females
St. Germans R.D.	68	74
Liskeard R.D.	64	72
Saltash M.B.	70	72
Torpoint U.D.	61	73
Liskeard M.B.	73	77
Looe U.D.	74	75
Health Area No. 7	68	74

**Appendix V**  
**TUBERCULOSIS**

**New Cases, and Deaths, in Health Area No. 7—1955**

Age Group	New Cases		Deaths	
	M	F	M	F
0-1 year	—	—	—	—
1-5 years	1	—	—	—
5-15 years	1	—	—	—
15-45 years	8	9	1	1
45-65 years	7	5	1	1
65 years and over	1	1	—	—
Totals	18	15	2	2

	Males	Females	Total
New Case Rate per 1,000 of Population	0.35	0.29	0.64
Mortality Rate per 1,000 of Population	0.04	0.04	0.08

**Case Rates and Mortality Rates per 1,000 of Population in the Six County Districts in Health Area No. 7—1955**

District	New Cases	All known Cases as at 31.12.55	Deaths
St. Germans R.D.	0.69	6.75	0.06
Liskeard R.D.	0.36	5.70	0.14
Saltash M.B.	0.67	6.84	—
Torpoint U.D.	1.45	8.21	0.16
Liskeard M.B.	0.23	8.97	—
Looe U.D.	0.54	6.47	—
Health Area No. 7	0.64	6.82	0.08





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